

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042420

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3047

FILED OCT 18 1963

VS 300
Rev. 4/59

1 4005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis, b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. STREET ADDRESS (If outside, give location) 3117 Union Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last VIRGINIA AMELIA SCHMIDT		4. DATE OF DEATH Month Day Year October 2, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IBM Operator		10b. KIND OF BUSINESS OR INDUSTRY Commonwealth Life Ins. Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Lester R. Bohle		13b. MOTHER'S MAIDEN NAME Lillian Senn	14. NAME OF HUSBAND OR WIFE Frederick Schmidt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No None		17. INFORMANT Address Mr. Frederick Schmidt, 3117 Union Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Ovary - Recurrence</u> DUE TO (b) <u>Large Bowel Obstruction</u> DUE TO (c) <u>175.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1961 to 2 Oct 63 and last saw her alive on 1 Oct 63 Death occurred at 8:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Albert L. Bonfanti M.D.</u> 22b. NAME OF CEMETERY OR CREMATORY JENNINGS 22c. DATE SIGNED 3 Oct 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 5, 1963	23c. NAME OF CEMETERY OR CREMATORY JENNINGS Calvary Cemetery	23d. CITY, TOWN, OR LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Bl.	25. DATE RECD. BY LOCAL REG. 10-3-63	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. A.L. Bonfanti
Northland Medical Bldg.
CO 1-5557

FILE IN COUNTY

HOURS: Thursday, 10:30 AM till 2 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert E. Miller

Licensed Embalmer No.

4916

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.